

APARTMENT APPLICATION

**ADVANCE PROPERTIES, LLC: Candlelight Commons, Candlelight Colony, Candlelight Village
Racquet Club, Williamsburg Apartments, Williamsburg Colony, Terrace Park Villas**

| | | | |
|------------------------|--|-----------------------------------|----|
| Type of unit desired: | Studio, 1BR, 2BR, 3BR Townhomes: 2BR, 3BR | Desired move-in date: | |
| Apartment # (if known) | | Complex Name (if known) | |
| | | Security Deposit | \$ |
| | | Application Fee (\$30 per person) | \$ |

| | | | | | | |
|-------------------|-------|----|-----------|------------------------------|-------------------------------|------------------------------------|
| Last Name | First | MI | Soc Sec # | Date of Birth | Phone | |
| Spouse: Last Name | First | MI | Soc Sec # | Date of Birth | Phone | |
| Current Address | | | | <input type="checkbox"/> Own | <input type="checkbox"/> Rent | <input type="checkbox"/> W/Parents |

Names and ages of children who will be living with you

Email Address(es)

| | | | | | |
|------------------|-----------------|--------------|-------|----------------|-----|
| Present Landlord | Address | Complex Name | Phone | From | To |
| | | | | / / | / / |
| Prior Landlord | Address | Complex Name | Phone | From | To |
| | | | | / / | / / |
| Employer | Address & Phone | Position | Since | Monthly Income | |
| | | | | / / | \$ |
| Spouses Employer | Address & Phone | Position | Since | Monthly Income | |
| | | | | / / | \$ |

Other Sources of Income (please explain)

| | | | | |
|---|-----|----|-------------------|----|
| Are you paying alimony or child support? | YES | NO | Amount | |
| Have you ever been convicted of a felony? | YES | NO | Explain on Page 2 | |
| Have you ever filed bankruptcy? | YES | NO | Year | |
| Have your ever been evicted from an apartment? | YES | NO | Year | |
| Have you ever rented from Advance Properties before? | | | YES | NO |
| If so, please enter approximate dates and complex name: | | | | |

| | | | |
|-------------------|------------------|-------|--------------|
| Emergency Contact | Complete Address | Phone | Relationship |
|-------------------|------------------|-------|--------------|

Please complete page 2 and sign

OFFICE USE ONLY

| | | |
|----|--------------------------|--|
| CR | <input type="checkbox"/> | |
| BG | <input type="checkbox"/> | |
| SO | <input type="checkbox"/> | |

